

Request for Civil Restraining Order

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your Full Name:

Your Street Address:

Your City: State: Zip:

Your Telephone Number: Area Code: Number:

Name of person you want protection from:

Their Street Address:

City: State: Zip:

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

Description of person you want protection from

Gender: ☐ Male ☐ Female

Date of Birth: Month: Day: Year:

Age:

Weight (in pounds):

Height: Feet: Inches:

Race:

Hair Color:

Eye Color:

Besides you, who needs protection? (Family or household members)

First Person's Name:

Second Person's Name:

Third Person's Name:

Fourth Person's Name:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
CASE NAME: _____		
CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)		Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 1811)
		CASE NUMBER: _____
		JUDGE: _____
		DEPT: _____

Items 1–5 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 1800–1812) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (<i>not specified above</i>) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (<i>not specified above</i>) (43)
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2. This case ☐ is ☐ is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- | | |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties | d. <input type="checkbox"/> Large number of witnesses |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence | f. <input type="checkbox"/> Substantial postjudgment judicial supervision |
3. Type of remedies sought (*check all that apply*):
- | | | |
|--------------------------------------|---|--------------------------------------|
| a. <input type="checkbox"/> monetary | b. <input type="checkbox"/> nonmonetary; declaratory or injunctive relief | c. <input type="checkbox"/> punitive |
|--------------------------------------|---|--------------------------------------|
4. Number of causes of action (*specify*): _____
5. This case ☐ is ☐ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (*You may use form CM-015.*)
- Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on **all** other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

Page 1 of 2

INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers

If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 5 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. You do not need to submit a cover sheet with amended papers. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 201.8(c) and 227 of the California Rules of Court.

To Parties in Complex Cases

In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 1800 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort

Auto (22)—Personal Injury/Property Damage/Wrongful Death
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)
Asbestos Property Damage
Asbestos Personal Injury/Wrongful Death
Product Liability (*not asbestos or toxic/environmental*) (24)
Medical Malpractice (45)
Medical Malpractice—Physicians & Surgeons
Other Professional Health Care Malpractice
Other PI/PD/WD (23)
Premises Liability (e.g., slip and fall)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
Intentional Infliction of Emotional Distress
Negligent Infliction of Emotional Distress
Other PI/PD/WD

Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)
Defamation (e.g., slander, libel) (13)
Fraud (16)
Intellectual Property (19)
Professional Negligence (25)
Legal Malpractice
Other Professional Malpractice (*not medical or legal*)
Other Non-PI/PD/WD Tort (35)

Employment

Wrongful Termination (36)
Other Employment (15)

Contract

Breach of Contract/Warranty (06)
Breach of Rental/Lease
Contract (*not unlawful detainer or wrongful eviction*)
Contract/Warranty Breach—Seller Plaintiff (*not fraud or negligence*)
Negligent Breach of Contract/Warranty
Other Breach of Contract/Warranty
Collections (e.g., money owed, open book accounts) (09)
Collection Case—Seller Plaintiff
Other Promissory Note/Collections Case
Insurance Coverage (*not provisionally complex*) (18)
Auto Subrogation
Other Coverage
Other Contract (37)
Contractual Fraud
Other Contract Dispute

Real Property

Eminent Domain/Inverse Condemnation (14)
Wrongful Eviction (33)
Other Real Property (e.g., quiet title) (26)
Writ of Possession of Real Property
Mortgage Foreclosure
Quiet Title
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer

Commercial (31)
Residential (32)
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*)

Judicial Review

Asset Forfeiture (05)
Petition Re: Arbitration Award (11)
Writ of Mandate (02)
Writ—Administrative Mandamus
Writ—Mandamus on Limited Court Case Matter
Writ—Other Limited Court Case Review
Other Judicial Review (39)
Review of Health Officer Order
Notice of Appeal—Labor
Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 1800–1812)

Antitrust/Trade Regulation (03)
Construction Defect (10)
Claims Involving Mass Tort (40)
Securities Litigation (28)
Environmental/Toxic Tort (30)
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment

Enforcement of Judgment (20)
Abstract of Judgment (Out of County)
Confession of Judgment (*non-domestic relations*)
Sister State Judgment
Administrative Agency Award (*not unpaid taxes*)
Petition/Certification of Entry of Judgment on Unpaid Taxes
Other Enforcement of Judgment Case

Miscellaneous Civil Complaint

RICO (27)
Other Complaint (*not specified above*) (42)
Declaratory Relief Only
Injunctive Relief Only (*non-harassment*)
Mechanics Lien
Other Commercial Complaint Case (*non-tort/non-complex*)
Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition

Partnership and Corporate Governance (21)
Other Petition (*not specified above*) (43)
Civil Harassment
Workplace Violence
Elder/Dependent Adult Abuse
Election Contest
Petition for Name Change
Petition for Relief from Late Claim
Other Civil Petition

Clerk stamps date here when form is filed.

1 Name of person asking for protection:

Address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone number (optional): (_____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of**2** Name of person to be restrained:

Description of that person:

Court fills in case number when form is filed.

Case Number:Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (if known): _____

City: _____ State: _____ Zip: _____

Work Address (if known): _____

City: _____ State: _____ Zip: _____

To the person in ②:**3 Notice of Hearing****A court hearing is scheduled on the request for orders against you to stop harassment:**

Name and address of court if different from above:

**Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Rm.: _____

If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.

4 Court Orders

The court (check a or b):

- a. ☐ Has scheduled the hearing stated in ③. No orders are issued against you at this time.
- b. ☐ Has scheduled the hearing stated in ③ **and** has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

This is a Court Order.

Your name: _____

☐ **Temporary Orders Against the Restrained Person**

(Write the name of the person in ②): _____

The court has made the temporary orders indicated below against you. You must obey all these orders. These orders will expire on the date of the hearing listed in ③ unless they are extended by the court.

5 ☐ **Personal Conduct Orders**You must **not** do the following things to the people listed in ① and ⑩:

- ☐ a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- ☐ b. Contact (directly or indirectly), telephone, send messages, mail, or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this Order.

6 ☐ **Stay-Away Order**You **must** stay at least (specify): _____ yards away from:

- | | | |
|--|---|---|
| a. <input type="checkbox"/> The person listed in ① | e. <input type="checkbox"/> Vehicle of person in ① | <input type="checkbox"/> Vehicles of persons in ⑩ |
| b. <input type="checkbox"/> The people listed in ⑩ | f. <input type="checkbox"/> The protected children's school or child care | |
| c. <input type="checkbox"/> The home of the persons in ① and ⑩ | g. <input type="checkbox"/> Other (specify): _____ | |
| d. <input type="checkbox"/> Jobs or workplaces of the persons in ① and ⑩ | _____ | |
| | _____ | |

This stay-away order does not prevent the person in ② from going to or from that person's home or place of employment.

7 **No Guns or Other Firearms**

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

8 **Turn In or Sell Guns or Firearms**

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (You may use Form CH-145 for this.)

9 ☐ **Other Orders (specify):** __________

_____**10** ☐ **Other Protected Persons**

List of the full names of all family or household members protected by these orders:

_____**This is a Court Order.**

Your name: _____

Instructions for the Protected Person**To the person in ①:** (*Write the name of the person in ①*): _____**⑪ Service of Order on Law Enforcement**

If the court issues temporary restraining orders, by the close of business on the date the orders are made, you or your lawyer should deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below.

Name of Law Enforcement Agency: _____

Address (City, State, Zip) _____

_____**⑫ Service of Documents**

You must have someone personally deliver to the person in ② a copy of all the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)* (completed and file-stamped)
- b. ☐ CH-100, *Request for Orders to Stop Harassment* (completed and file-stamped)
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ Other (*specify*): _____

You must file with the court before the hearing a proof of service of these documents on the person in ②.

⑬ Time for Service (*check a, b, or c*)

- a. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 5 days before the hearing.
- b. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 2 days before the hearing.
- c. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least _____ days before the hearing.

⑭ ☐ No Fee for Filing

Filing fees are waived.

⑮ ☐ No Fee for Service of Order by Law Enforcement

The sheriff or marshal will serve this Order without charge because the order is based on a credible threat of violence resulting from a threat of sexual assault or on stalking.

Date: _____

▶ _____
Judicial Officer

This is a Court Order.

Your name: _____

Warnings and Notices to the Restrained Person in ②**You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑧ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this Order are subject to criminal penalties.

**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

(Clerk will fill out this part)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Notice of Hearing and Temporary Restraining Orders* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

1 Your name (person asking for protection):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone number (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of**2** Name of person you want protection from:Describe the person: Sex: ☐ M ☐ F Weight: _____

Height: _____ Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (*if you know*): _____

City: _____ State: _____ Zip: _____

Work Address (*if you know*): _____

City: _____ State: _____ Zip: _____

3 Besides you, who needs protection? (*Family or household members*)

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 3—Describe Protected Persons" at the top of the page.**4** Why are you filing in this court? (*Check all that apply*):☐ The person in **2** lives in this county.☐ I was hurt (physically or emotionally) by the person in **2** here.☐ Other (*specify*): _____**5** How do you know the person in **2**? (*Describe*):**This is not a Court Order.**

Your name: _____

Case Number: _____

- 6 Describe how the person in ② has harassed you:
- a. Date of most recent harassment: _____
- b. Who was there? _____
- c. Did the person in ② commit any acts of violence or threaten to commit any acts of violence against you?
☐ Yes ☐ No
If yes, describe those acts or threats: _____
- d. Did the person in ② engage in a course of conduct that harassed you and caused substantial emotional distress? ☐ Yes ☐ No
If yes, describe: _____
- e. Did the conduct of the person in ② described above seriously alarm, annoy, or harass you? ☐ Yes ☐ No
☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 6—Describe Harassment" at the top of the page.

Check the orders you want ☒

7 ☐ **Personal Conduct Order**

I ask the court to order the person in ② to NOT do the following things to me or anyone listed in ③:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.

8 ☐ **Stay-Away Order**

I ask the court to order the person in ② to stay at least (specify): _____ yards away from me and the people listed in ③ and the places listed below: (Check all that apply):

- a. ☐ My home d. ☐ My vehicle
- b. ☐ My job or workplace e. ☐ Other (specify): _____
- c. ☐ My children's school or child care _____

If the court orders the person in ② to stay away from all the places listed above, will that person still be able to get to his or her home, school, or job? ☐ Yes ☐ No

If no, explain: _____

9 ☐ **Others to Be Protected**

Should the other people listed in ③ also be covered by the orders described above?

- ☐ Yes ☐ No ☐ Does not apply

If yes, explain: _____

This is not a Court Order.



Your name: _____

Case Number: _____

10 Order About Guns or Other Firearms

I ask the court to order the person in ② to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive firearms **and** to sell or turn in any guns or firearms that he or she controls.

11 ☐ Other Orders

I ask the court to order the person in ② to (specify): _____

12 ☐ Temporary Orders

Do you want the court to make orders now on the matters listed in ⑦, through ⑪ that will last until the hearing? ☐ Yes ☐ No

If yes, explain why you need these orders right now: _____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 12—Temporary Orders" at the top of the page.

13 Delivery of Orders to Law Enforcement

My lawyer or I will give copies of the orders to the following law enforcement agencies:

a. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

b. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

14 ☐ Other Court Cases

Have you ever asked any court for other restraining orders against the person in ② ? ☐ Yes ☐ No

If yes, specify the counties and case numbers if you know them: _____

15 ☐ Time for Service

You must have your papers personally served on (notify) the person in ② at least 5 days before the hearing, unless the court orders a different time for service. (Form CH-135 explains "What is Proof of Service?" Form CH-130 may be used to show the court that the papers have been served.) If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

This is not a Court Order.



Your name: _____

16 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ② has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence. I am asking for a restraining order to stop this conduct.

17 ☐ **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve (notify) the person in ② about the orders for free because that person has stalked me or threatened me with sexual assault.

(To get free service of the court's orders without paying a fee, you must fill out and file the Request and Order for Free Service of Restraining Order (Form CH-101), and if you qualify for a fee waiver, you must also fill out and file the Application for Waiver of Court Fees and Costs (Form 982(a)(17).)

18 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

- a. ☐ Lawyer's fees
b. ☐ Out-of-pocket expenses

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 18—Lawyer's Fees and Costs" at the top of the page.

19 **Additional Relief**

I ask the court for additional relief as may be proper.

20 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name▶ _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name▶ _____
*Sign your name***This is not a Court Order.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER:		
PETITIONER/RESPONDENT:		
DECLARATION		CASE NUMBER:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify):

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

Clerk stamps date here when form is filed.

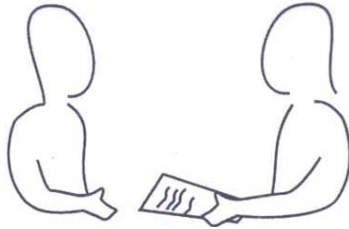
① Name of person asking for protection:

② Name of person you want protection from:

③ **Notice to Server**

The server must:

- Be over 18 years of age.
- Not be listed on the restraining order.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form, and give or mail it to the person in ①.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF PERSONAL SERVICE

④ I gave the person in ② a copy of the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)*
- b. ☐ CH-100, *Request for Orders to Stop Harassment*
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ CH-140, *Restraining Order After Hearing to Stop Harassment*
- g. ☐ Other (*specify*): _____

⑤ I personally gave copies of the documents checked above to the person in ② :

a. On (*date*): _____ b. At (*time*): _____ ☐ a.m. ☐ p.m.

c. At this Address: _____

City: _____ State: _____ Zip: _____

⑥ **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:**1** Your name (person asking to reissue order):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____Your attorney (*if you have one*): (*Name, address, telephone number and State Bar number*):**2** Name of person you want protection from:**3** ☐ I ask the Court to reissue the Temporary Restraining Order specified on Form CH-120.

a. The last Temporary Restraining Order

was issued on (*date*): _____b. The last hearing date was (*date*): _____

c. The Order was reissued _____ times.

4 ☐ I ask the court to reissue the Order because (*check one*):a. ☐ I could not get the Order served before the hearing date.b. ☐ The date of the hearing was changed because we were sent to mediation or other dispute resolution services.c. ☐ Other (*specify*): _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

Sign your name

This is a Court Order.

Clerk will fill out section below.

5 The request to reissue the Temporary Restraining Orders is:a. ☐ Grantedb. ☐ DeniedThe Order listed in **③** is reissued and reset for hearing in this court on the date and time below.

Unless the court extends the time, the Order will end on the date and time below.

Name and address of court if different from above:

**Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Room: _____

All orders in the Temporary Restraining Order stay in effect unless this order changes them.

(Continued on next page)



Case Number:

Your Name: _____

- ⑥ If this Order is granted, a copy of this Order must be served on the person in ② before the hearing, along with the other documents requesting orders to stop harassment.
- ⑦ By the close of business on the date this Order is made, a copy of this Order and any proof of service forms must be delivered to the law enforcement agency listed in ⑧ by:
- ☐ the person in ①.
- ☐ the attorney of the person in ①.
- ⑧ The law enforcement agency listed below will serve the person in ② with a copy of this Order and any attached orders:

Name of law enforcement agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____

Judicial Officer



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (*Civil Code*, § 54.8)

(Clerk will fill out this part)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Reissue Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: _____

Clerk, by _____, Deputy

This is a Court Order.

**Restraining Order After Hearing
to Stop Harassment***Clerk stamps date here when form is filed.***1** Your name (*person asking for protection*):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): _____*Fill in court name and street address:***Superior Court of California, County of****2** Name of person to be restrained:*Fill in case number:***Case Number:**

Description:

Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

3 **Hearing**

There was a hearing:

on (*date*): _____ at (*time*): _____ ☐ a.m. ☐ p.m. Dept.: _____ Rm: __________
(*Name of judicial officer*) made the orders at the hearing.

These people were at the hearing:

- a. ☐ Plaintiff (*the person in ①*) c. ☐ Plaintiff's lawyer (*name*): _____
- b. ☐ Defendant (*the person in ②*) d. ☐ Defendant's lawyer (*name*): _____

4 **This Is a Court Order**

You must obey all the orders indicated below. If you do not obey this Order, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

5 **Expiration Date**

This Order, except for an award of lawyer's fees, expires at:

(*time*): _____ ☐ a.m. ☐ p.m. or ☐ midnight on (*date*): _____

If no date is present, this Order expires three years from the date of issuance.

This is a Court Order.

Your name: _____

6 ☐ Personal Conduct OrdersYou must ***not*** do the following things to the people listed in ① and ⑪:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- b. ☐ Contact (directly or indirectly), telephone, send messages, mail or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case does not violate these orders.

7 ☐ Stay-Away OrderYou must stay at least (*specify*): _____ yards away from:

- a. ☐ The person listed in ① e. ☐ Vehicle of person in ① ☐ Vehicles of persons in ⑪
- b. ☐ The people listed in ⑪ f. ☐ The protected children's school or child care
- c. ☐ The home of the persons in ① and ⑪ g. ☐ Other (*specify*): _____
- d. ☐ Jobs or workplaces of the persons _____
- in ① and ⑪ _____

This stay away order does not prevent the person in ② from going to or from that person's home or place of work.

8 ☐ No Guns or Other Firearms

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

9 ☐ Turn In or Sell Guns or Firearms

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control
This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (*You may use CH-145 for this.*)

10 ☐ Other Orders (*specify*): _____

11 ☐ Other Protected Persons

List of the full names of all family and household members protected by these orders:

This is a Court Order.

Case Number: _____

Your name: _____

Instructions for the Protected Person

To the person in ① (Write the name of the person in ①): _____

⑫ ☐ **Delivery to Law Enforcement**

If the court issues restraining orders, by the close of business on the date this Order is made, you or your attorney must deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below:

Name of Law Enforcement Agency: _____

Address (City, State, Zip) _____

⑬ ☐ **No Fee for Service of Order by Law Enforcement**

The sheriff or marshal will serve this Order without charge because the Order is based on stalking or a credible threat of violence resulting from a threat of sexual assault or stalking.

Date: _____

►

Judicial Officer

Warnings and Notices to the Restrained Person in ②

You Cannot Have Guns or Firearms

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑨ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an Order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

(Clerk will fill out this part)

Clerk's Certificate

Clerk's Certificate
[seal]

I certify that this *Restraining Order After Hearing to Stop Harassment (CLETS)* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

What is a Civil Harassment Restraining Order?

It is a court order that helps protect people from harassment.

Can I get a Civil Harassment Restraining Order?

You can ask for one if you are worried about your safety because someone:

- Stalked
- Harassed
- Sexually assaulted *or*
- Threatened you with violence.

How will the order help me?

The court can order a person to:

- Not harass or threaten you
- Not contact or go near you *and*
- Not have a gun

You can also ask for protection for other family or household members.

What forms do I need to get the order?

Fill out Forms CH-100 and CH-120. Then file them with the court clerk.

Where can I get these forms?

You can get the forms at any courthouse or county law library at: www.courtinfo.ca.gov/forms

How soon can I get the order?

If you ask for a temporary restraining order (Form CH-120), the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner.

How long does the order last?

If the court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

How will the person to be restrained know about the order?

Someone over 18 years of age—not you or anyone else protected by the order— must “serve” (give) the person to be restrained a copy of the order. For help with service, ask the court clerk for Form CH-135.

What if the restrained person does not obey the order?

Call the police. The restrained person can be arrested and charged with a crime.

How much does it cost?

That depends on the type of harassment. If the restrained person has used or threatened to use violence against you or has stalked you, you do not have to pay a filing fee.

If you cannot afford to pay the filing fee, ask the clerk how to apply for a fee waiver.

You are entitled to free service of the court’s order by a sheriff or marshal, if the order is based on fear of sexual assault or stalking. Use Form CH-101 to request free service. If you are not eligible for free service, you may pay the sheriff or marshal to serve the order.

The court can make the person who loses the case pay all the court fees and the lawyer’s fees for the other party.

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk’s office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)



Do I have to go to court?

Yes. Go to court on the date the clerk gives you.

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

Do I need to bring a witness to the court hearing?

No. But it helps to have proof of the harassment. You can bring:

- A written statement from witnesses made under oath
- Witnesses
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The court may or may not let witnesses speak at the hearing. So, if possible, you should bring witnesses' written statements under oath to the hearing. (You can use Form MC-030 for this.)

Will I see the restrained person at the court hearing?

If the person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If the interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. Ask for an interpreter or other accommodation. (See information on Requests for Accommodations at the bottom of page 1.)

What if I move?

Your restraining order works anywhere in the United States. If you move out of California, contact your new local police so they will know about your orders.

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted.]

Clerk stamps date here when form is filed.

- ① Your name (person asking for protection):

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

- ② Name of person you want protection from:

*Fill in court name and street address:***Superior Court of California, County of***Clerk fills in case number when form is filed.***Case Number:****Request for Free Service**

- ③ If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (form 982(a)(17)) and file it with this request. (*Check one*):

- a. ☐ I have completed and filed a fee waiver application.
b. ☐ I am not eligible for a fee waiver.

- ④ I am entitled to free service of the restraining orders by the sheriff or marshal because (*check either item a or b*):

- a. ☐ I asked for domestic violence prevention restraining orders on Form DV-100.
b. ☐ I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*):
(1) ☐ sexual assault.
(2) ☐ stalking.

(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Date: _____

Type or print your name

▶ _____
Sign your name

(Order is on next page)

Case Number: _____

Protected person's name: _____

Court Order

- ⑤ The court has reviewed the request of the person in ① and finds that (*check one box only*):
- a. ☐ The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
 - b. ☐ The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
 - c. ☐ The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- ⑥ The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) ☐ without cost ☐ with cost to the person in ①.

Date: _____

☐ Clerk, by _____, Deputy
(Clerk may grant in full a nondiscretionary fee waiver; see Cal.
Rules of Court, rule 985(d).)

— or —

☐ _____
Judicial Officer

Instructions for Protected Person

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. **There is no cost to you if you qualify under either item 4a or 4b on page 1.**
- Fill out the *Application for Waiver of Court Fees and Costs* (Form 982(a)(17)) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

Instructions for Law Enforcement

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service **only** if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

Service of the order was made or attempted on (date): _____ Fee for service: \$ _____

Date: _____

(Type or Print Name of Law Enforcement Representative)

(Signature of Law Enforcement Representative)

(Title and Agency)

(This is Not a Proof of Service.)

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS (California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ _____
- b. **My payroll deductions are (specify purpose and amount):**
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ _____
- c. My monthly take-home pay is (a. minus b.): \$ _____
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**
(c. plus d.): \$ _____
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
(a. plus d. plus f.): \$ _____
10. **I own or have an interest in the following property:**
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____
11. **My monthly expenses not already listed in item 9b above are the following:**
- | | |
|--|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
| k. Installment payments (specify purpose and amount): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| The TOTAL amount of monthly installment payments is: \$ _____ | |
| l. Amounts deducted due to wage assignments and earnings withholding orders: | \$ _____ |
| m. Other expenses (specify): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
| The TOTAL amount of other monthly expenses is: \$ _____ | |
| n. MY TOTAL MONTHLY EXPENSES ARE
(add a. through m.): | \$ _____ |
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

- | |
|---|
| <p>NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.</p> |
| <p>WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.</p> |

Form Adopted for Mandatory Use
Judicial Council of California
982(a)(18) [Rev. January 1, 2003]

**ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (In Forma Pauperis)**

Government Code, §68511.3;
Cal. Rules of Court, rule 985

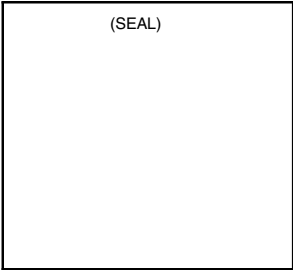
PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): , California, on (date):

	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy